

Standards and Interoperability

Technical Challenges from a Clinical View

NIST/ATA/NLM Workshop

13 December 2006

Mark B. Horton, OD, MD

Indian Health Service

Standards and Interoperability

Goals



Standards and Interoperability

Goals

- **Target performance to clinical needs and standards of care**
- **Standardized performance at the highest level of quality**
- **Evidence based outcome**
- **Scalable**
- **Sustainable**
- **Cost effective**

End User Diversity

- **Technical Expertise**
- **Clinical Telemedicine Expertise**

Proprietary Interests

- End user developer
 - I've got a program/idea and your standards don't fit
 - Standards? Standards??!!
I don't need no stinkin' standards!

Proprietary Interests

- **Vendor**
 - I've got a product that users are buying and your standards don't fit
 - I've got a product that users are buying and it connects to (certain) EHR/acquisition modalities already (for now)
 - I've got a product with a large installed user base so it is already a de facto standard; everyone should build to me

Broad Buy-In

- Education
- Professional association support
- Trade support
- Regulatory support
- 3rd party payer support
- Vendor Critical Mass

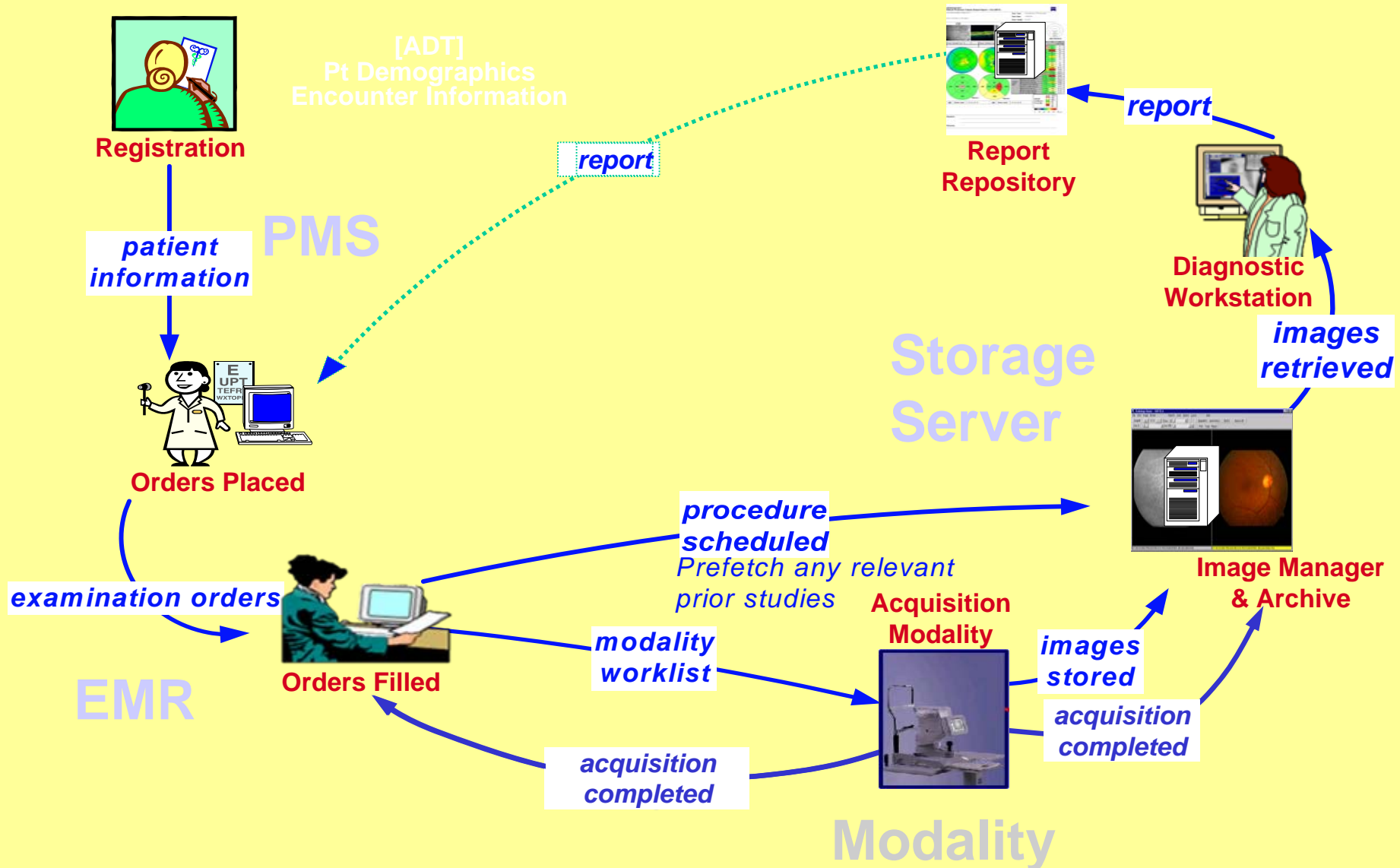
Clinical Use Cases in Search of Technical Solutions

- **Interoperability**

**Automatic transaction between actors
(MWL's, structured reports, charge
posting, etc)**

- HIS
- EHR
- PMS
- Acquisition Modalities

Interoperability- Scheduled Workflow



Clinical Use Cases in Search of Technical Solutions

- **Interoperability**
 - Scheduled workflow
 - Patient Information Reconciliation- errors and unscheduled studies
 - Enterprise user authentication and basic security
 - Presentation of group procedures

Clinical Use Cases in Search of Technical Solutions

- **Interoperability**
 - Consistent presentation of images
 - Post-processing workflow
 - Reporting workflow
 - Evidence documents
 - Charge posting
 - Etc.

Clinical Use Cases in Search of Technical Solutions

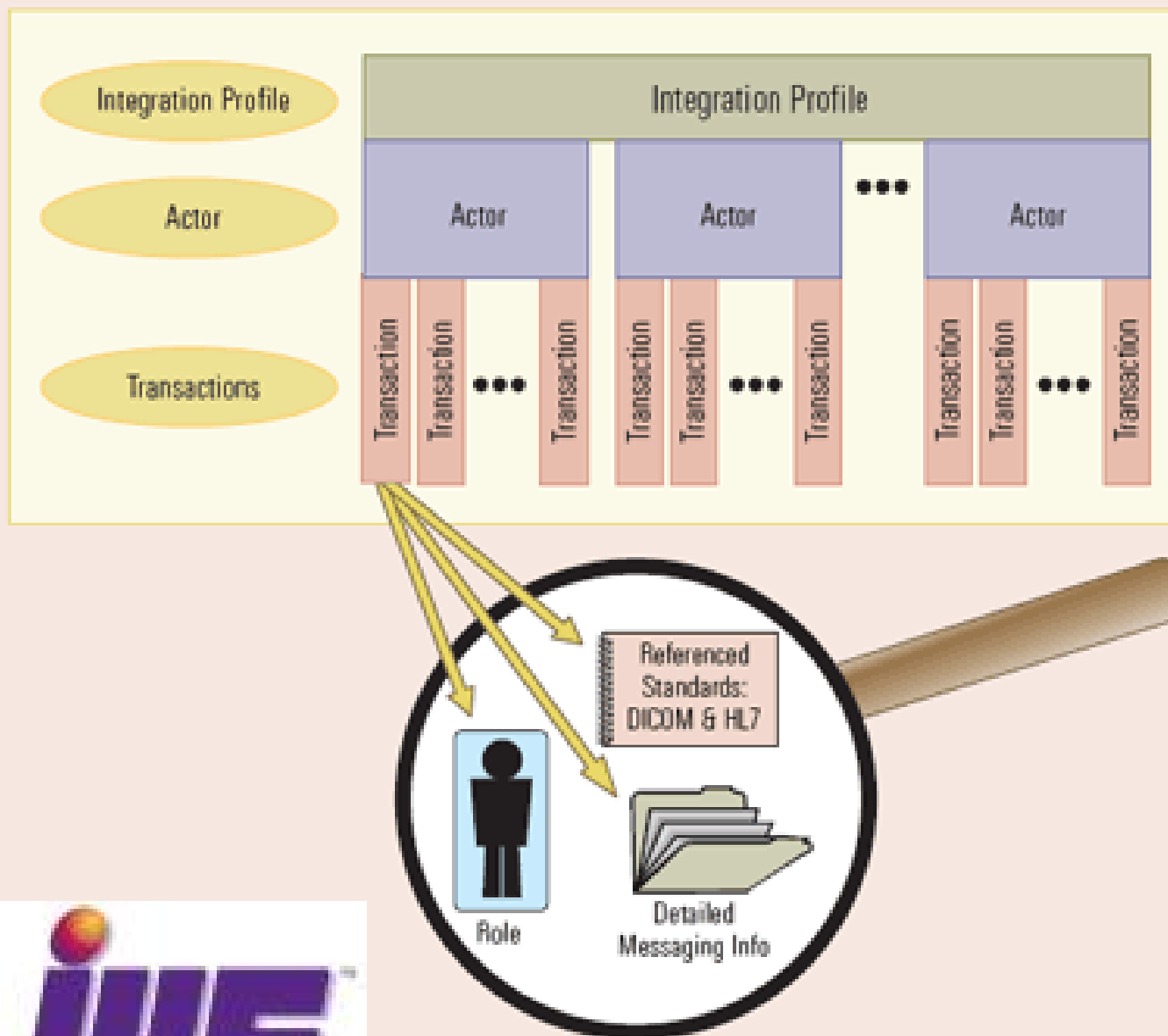
- **Export of Data**
 - Media
 - Viewing platforms
 - Evidence documents
 - Raw data
 - Image (paper on a computer)

Interoperability Solutions

- Efficient access to all relevant information
- Standards
 - HL7, DICOM, SNOMED
- Standards not enough
 - Technical framework of information sharing
 - Coordinated use of established standards to address specific clinical needs



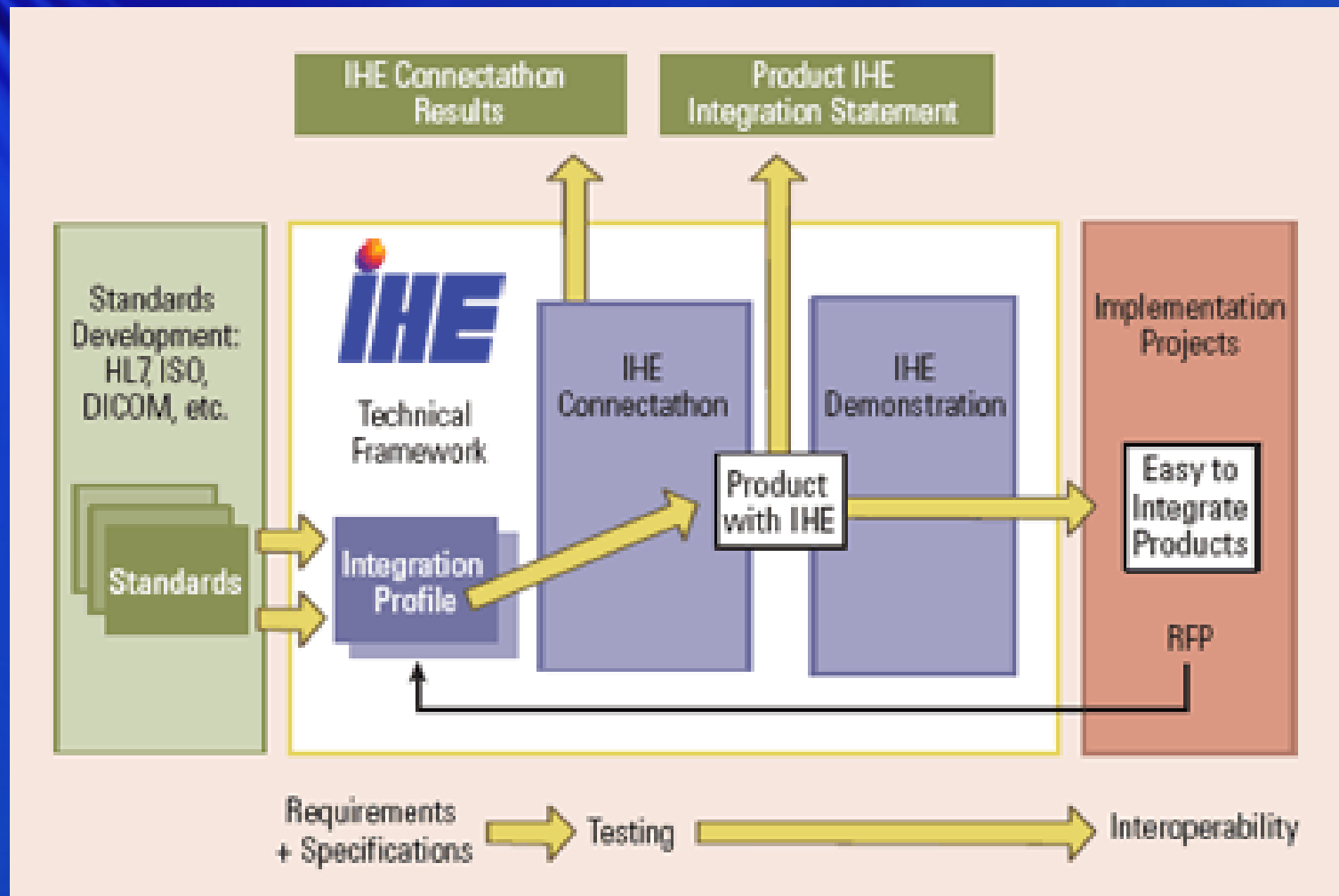
Organization of the Technical Framework



Interoperability Solutions

- Collaborative development
 - Health care professions, industry
- Vetted solutions
- Vendor adoption
- Documentation
 - Conformance statements- vendors
 - Certification/accreditation- external body

Interoperability Solutions



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Telehealth Practice Recommendations for Diabetic Retinopathy *Lessons Learned*

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Director, IHS/JVN Teleophthalmology Program

ATA Telehealth Practice Recommendations On Teleophthalmology for Diabetic Retinopathy

- Collaborative effort hosted by NIST
 - 1st workshop March 03, NIST Headquarters
 - May 03, July 03
 - Three authoring teams and editorial team
- Placed on ATA Website for review ~ Nov 03



Telehealth Practice Recommendations On Teleophthalmology for Diabetic Retinopathy

- **Published on ATA Website, May 04**
<http://www.atmeda.org/ICOT/diabeticretionpathy.FINAL.pdf>
- **Telemedicine Journal and e-Health, Dec 2004,
Vol. 10, No. 4: 469-482**

Telehealth- Diabetic Retinopathy

- Definition of the Problem
- Mission/Vision/Goals/Guiding Principles
- Approach
- Successes and failures
- Lessons Learned

Diabetic Retinopathy

Definition of the Problem

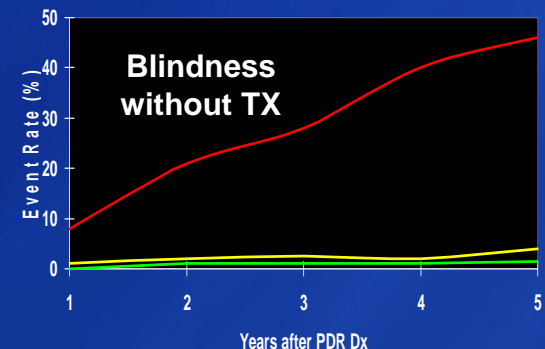
- Diabetic retinopathy is the leading cause of new blindness in adults
- Blindness from DR is preventable with timely Dx and Tx

Diabetic Retinopathy

Definition of the Problem

30 years of promulgation of the standards

- 50% of population fails standard of care
- 40%-60% of population fail to obtain need tx in a timely fashion



Telehealth- Diabetic Retinopathy

- **Mission-** increase adherence to standards of care for DR
- **Vision-** ocular Thealth can be an integral component of primary care for DM

Telehealth- Diabetic Retinopathy

- **Goal**
 - Improve access and decrease cost
 - Reduce vision loss
 - Promote Thealth
- **Guiding Principles- safe and effective care**

Telehealth- Diabetic Retinopathy

Approach

- **Four teams**
 - **Clinical**
 - **Technical**
 - **Business/operational**
 - **Editorial**
- **Evidence based**
- **Outcome oriented**

Telehealth- Diabetic Retinopathy

Lessons Learned- Successes

- M/V/G/GP
 - Evidence/outcome
 - Standardization
 - Validation- categories to meet various clinical needs
 - Cookbook utility
- } Strict adherence is imperative

Telehealth- Diabetic Retinopathy

Lessons Learned- failure

- **Appendices for specific direction**
 - **Regulatory: JCAHO, HIPAA**
 - **Credentialing & Privileging**
 - **Bylaws**
- **Certification/accreditation**

Telehealth- Diabetic Retinopathy

Lessons Learned

- **Be prepared to defend every item**
- **Be responsive to public input but remember M/V/G/GP**
- **Consider existing methods for each item**
- **Anticipate future methods and emerging technology**
- **Living document**



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